

Utah State University

Automobile Driver's Representation



Complete this form, Print it and Return it to Fleet Operation (UMC 9000 or FAX 797-3146)



I hereby certify that:

- I am 18 years old or older and have a valid driver's license(s) to drive in the State of Utah.
- I have read USU's Vehicle Use Policy #514 and agree to its terms and conditions.
- I have completed the Online State Defensive Driving course or an approved Driver Safety Program
- I have not been convicted within the past twelve (12) months for **any** of the following
 - Driving under the influence of alcohol or drugs
 - Reckless Driving
- I understand that if I am cited at fault in an accident, I should not drive a USU vehicle until I complete the driver safety course.

NOTE: The University's automobile liability insurance imposes a \$10,000 deductible on any accident involving a University vehicle is which the driver has received a citation within 12 months prior to the accident, UNLESS the driver has completed an approved Driver Safety Program subsequent to receiving such citation.

- I have given a copy of the completed form to my department to keep on file and I understand that myself and my department are responsible to have me take the driving test every two years as required by the Vehicle Use Policy #514 section 1.5-1.7.
- I will inform my Department Head/Supervisor of any changes in my driving status.
- I will wear a seat belt at all times during the trip and will require all passengers to do the same.
- My personal automobile, if used, is legally registered, inspected and in safe operating condition.
- I understand that the University has no insurance to cover damages to my personal automobile and that my personal automobile liability insurance is primary in the event of a claim.
- I understand that if I provide false information on this form, I may be personally liable for loss.

Employee or Student Banner ID (e.g. A012345678)			Home Phone Number	
Legal Name (First Middle Last)			Cell Phone Number	
Name that you go by (if different)			Email Address	
Driver's License #	State	Expiration Date	Department I am driving for	UMC (if known)
DL Class (e.g. A,B,C,D)	Gender	Date of Birth	Department Phone Number	
Signature		Date	Date of viewing the Defense Driving Video (If Different)	

Please check if you need a Personal USU Fueling PIN to fuel USU vehicles with the state issued gas cards that are assigned to department vehicles. (Motor Pool Vehicles Do Not Require a Personal PIN)

Supervisor's Signature (Only needed if requesting a PIN)